Fill in this informa	ation to identify your case:	
Debtor 1	Samuel J Dorsey	
Debtor 2 (Spouse, if filing)	Angelia Dorsey	_
United States Bar	nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number	15-28102	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter  13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment								
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse				
	If you have more than one job,	<b>F</b>	■ Emplo	yed	☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not en	mployed	■ Not employed				
	employers.	Occupation	Machine	e Operator	Phlebotomist				
	Include part-time, seasonal, or self-employed work.	Employer's name	Dupage	Precision Products					
	Occupation may include student or homemaker, if it applies.			rlene ct, Ste 101 IL 60504					
		How long employed the	nere?	5 years	·				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,049.50 \$ 2,459.83

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 2,049.50 \$ 2,459.83

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	otor 1 otor 2	Samuel J Dorsey Angelia Dorsey	_		Case	e number ( <i>if known</i> )	1	5-28102		
	Cor	by line 4 here	4.		Fo.	r Debtor 1 2,049.50		For Debtor non-filing s		
	•	y line 4 nere			· –	2,0 :0:00				-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	58	а.	\$_	289.50			343.50	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00		\$	0.00	-
	5c.	Voluntary contributions for retirement plans	50		\$_	41.00			130.50	
	5d.	Required repayments of retirement fund loans	50		\$_	0.00		\$	0.00	-
	5e. 5f.	Insurance  Demostic support obligations	5e 5f		\$_ \$	152.83		\$	0.00	-
	5i. 5g.	Domestic support obligations Union dues	5 <u>0</u>		\$ _	0.00		\$	0.00	
	5g. 5h.	Other deductions. Specify:	-	ቃ. ገ.+	\$ -	0.00		\$	0.00	=
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6. 6.		\$ \$	483.33		· ——	474.00	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		Ψ _ \$		-	· ———		-
			۲.		Ψ –	1,566.17		Ψ	,985.83	-
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$	0.00		\$	0.00	
	8b.	Interest and dividends	8t		\$	0.00		\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	<b>c</b> .	\$	0.00		\$	50.00	
	8d.	Unemployment compensation	80	d.	\$	0.00		\$	0.00	-
	8e.	Social Security	86	€.	\$	0.00		\$	0.00	•
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f		\$_	0.00		\$	0.00	·
	8g.	Pension or retirement income	80	-	\$_	0.00		\$	0.00	
	8h.	Other monthly income. Specify:	_ oi	Դ.+	\$_	0.00	+	Φ	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	:	\$_	0.00		\$	50.00	)
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,566.17 + \$	_	2,035.83	= \$	3,602.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		1,300.17	_	2,000.00	-	3,002.00
11.	Star Inclination	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	dep			.,	,	I in <i>Schedule</i>	∋ J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies							\$Combin	3,602.00
13.	. Do	you expect an increase or decrease within the year after you file this form No.	?							y income
		Yes. Explain:								